



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Cosentyx[®] (Secukinumab)
Prior Authorization Request Form**

Cosentyx[®] (Secukinumab) is a human IgG1 monoclonal antibody that selectively binds to the interleukin 17-A cytokine and inhibits its interaction with the IL-17 receptor. Cosentyx[®] is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.

Prior authorization requests for Cosentyx[®] will be approved if the following criteria are met:

- 1) Must be prescribed by a specialist (i.e a dermatologist); **AND**
- 2) Patient must be eighteen (18) years of age or older and diagnosed with moderate to severe plaque psoriasis; **AND**
- 3) Patient must have documented failure, intolerance or contraindications to NSAIDs; **AND**
- 4) Patient must have failed a sixty (60) day trial of a non-biological disease modifying anti-rheumatic drug (DMARD) such as methotrexate, sulfasalazine, leflunomide, or cyclosporine; **AND**
- 5) Patient must have failed ninety (90) day trials of at least one (1) preferred biological DMARDs.

References

- 1) Cosentyx package insert 1/2015
- 2) Lexi-Comp Clinical Application 9/2/2015